

City of Somerville, Massachusetts

WATER DEPARTMENT JOSEPH A. CURTONE MAYOR

Mark Lawhorne
WATER SUPERINTENDENT

Flow Test Permit FEE: \$200

DATE: LOCATION OF FLOW TEST: COMPANY NAME:			
		NAME OF CONTACT PERSON:	
		ADDRESS:	
CITY, ST, ZIP			
PHONE:			
 The City requires a 48 hour notice to The City will inspect the initial openi The Contractor agrees to pay for any The Contractor is required to forward I have read and fully understand the above te			
Signature of Contractor	Title		
Superintendent of Water	<u> </u>		



